Opening Statement of the Honorable Tim Murphy Subcommittee on Oversight and Investigations Hearing on "Oversight Failures Behind the Radiological Incident at DOE's Waste Isolation Pilot Plant" June 12, 2015

(As Prepared for Delivery)

Today we will review a costly series of oversight failures at two important Department of Energy sites. These failures contributed to a radiological leak last year at one of the sites, the Waste Isolation Pilot Plant, known as WIPP, which serves to dispose in mined salt caverns certain types of radiological waste from our nation's nuclear weapons programs.

This leak, along with a separate truck fire the week before, exposed management and oversight shortcomings both at WIPP and at one of the nation's premier national laboratories – the Los Alamos National Laboratory. Los Alamos it turns out was the source of the radiological material and the errors that caused a reaction in the material that burst a container in WIPP's underground facility.

Since the incident, WIPP has been shut down and the Department has embarked on remediation, training, and rebuilding that will cost taxpayers an estimated \$240 million just to restart limited operations next year. All told, it may ultimately cost more than \$500 million before full operations are estimated to commence in 2018.

This was no small oversight failure. And the issues we will examine today raise broader questions about the state of the Department's oversight framework for operations at its various cleanup and nuclear sites.

The root cause of the radiological incident was established in a DOE report this past April. Basically, hundreds of containers were inappropriately packaged for WIPP disposal by workers at Los Alamos. They packaged waste mixtures with organic absorbents, which created reactive and ignitable waste forms.

The specific culprit was off-the-shelf organic kitty litter. And the use of this organic material was traced to someone writing down "organic" instead of "inorganic" – a simple human error. Yet the failure to catch this error reflected a much larger systemic failure.

Two years before the incident, Los Alamos actually stopped work that had been mixing waste with organics precisely because of the reactivity and ignition risks. The lab's so-called "difficult waste team" along with federal site officials directed a safety process change that would use "inorganics" as absorbents.

The problem was, over the next year and one-half, no one in management or among federal overseers made sure the new procedures were followed. So what they thought was fixed wasn't. And no one in management or at the federal level reviewed the process to determine why workers had been creating dangerous mixtures in the first place – a basic practice of an effective safety system.

As the Los Alamos Lab's own review noted "the fact that so many critical management, safety, and oversight mechanisms all failed simultaneously over an extended period of time...are of significant concern."

Also of significant concern are patterns of oversight failure found to have occurred at the WIPP site. For example, at WIPP, both the contractor and feds failed to identify or fix shortcomings in equipment, and degraded conditions in the mine – over a period of years. These errors led to the environmental release and added tens of millions to the cost of the recovery operations.

The failures at these sites contribute to a long story of DOE's struggles to conduct adequate oversight of its management and operating contractors, which are responsible for much of the core activities of the Department.

Just over two years ago, DOE and National Nuclear Security Administration (NNSA) officials came before this committee to explain security failures at the Y-12 National Security Site in Tennessee. The failures were notoriously exposed when several elderly peace activists penetrated the security perimeter of the most secure section of the site.

What was clear from that incident sounds very familiar today: what the Feds thought was working wasn't. Site officials trusted the contractors were doing what they were supposed to do, without checking. Federal line oversight had failed.

We were told then that the successful reliance on Department contractors depends on strong and clear lines of accountability and on meaningful and consistent measurement of contractor performance. We were promised that actions would be taken to address the shortcomings.

Yet we have again learned from GAO that the DOE and NNSA have yet to make significant progress to make the necessary reforms with regard to measurement of contractor performance. This is not acceptable.

Today, we'll hear from Department officials and the GAO, all of whom can help explain the costly oversight failures at WIPP and Los Alamos, what is being done and what must be done to fix those problems, at the sites and across the complex.

I hope this hearing helps to identify what is necessary for DOE to develop an oversight system that can effectively identify and address safety and security issues before they become costly mistakes.